



Valleywise Community Health Centers Governing Council Compliance and Quality Committee Charter

Purpose

The purpose of the Compliance and Quality Committee (Committee) of the Valleywise Community Health Centers Governing Council (Governing Council) is to: (1) ensure the quality of care provided at the Valleywise Health Federally Qualified Health Center (FQHC) Clinics; (2) ensure patient safety and satisfaction provided throughout the Valleywise Health FQHC Clinics; (3) ensure compliance with Health Resources & Services Administration's (HRSA) Program requirements.

Membership

The Committee shall consist of a Chair, a Vice Chair, and no more than three (3) additional Governing Council members. A voting member of the Governing Council will serve as the Committee Chair. The Committee Chair will recommend, and the Committee will appoint a Vice Chair. The Chief Executive Officer of the FQHC Clinics is an ex-officio, non-voting member of the Committee. In addition, the following Valleywise Health staff members will serve on the Committee as non-voting members: FQHC Medical Director, FQHC Quality Medical Director, Vice President of Quality Management, Ambulatory Director of Nursing, and Chief Compliance Officer. In accordance with the Governing Council Bylaws, voting members are appointed by the Governing Council. The Governing Council shall seek voting members preferably with knowledge in the area of quality/health care services. Voting members shall serve for a four (4) year term.

Responsibilities

In conjunction with Valleywise Health staff, the Committee will:

1. Review and make recommendation to the Governing Council to acknowledge receipt of a community needs assessment for the FQHC Clinics service area at least once every three (3) years.
 - Review patient survey questions for conducting community needs assessment

2. Review and make recommendations to the Governing Council for any additional health services to offer in order to meet the health needs of the patient population served by the FQHC clinics.
 - Community needs assessment
 - Annual UDS report
3. Review and make recommendations to the Governing Council to approve a Quality Improvement/Quality Assurance (QI/QA) Plan for the FQHC Clinics at least every two (2) years.
4. Ensure that QI/QA data, including patient satisfaction, patient grievance and patient safety, is shared with the Governing Council at least quarterly.
 - Review monthly quality metrics
 - Review action plans for improvement
 - Review annual patient grievances and complaints report
 - Review quarterly patient safety report
 - Review quarterly patient satisfaction report
 - Review action plans for improvement
 - Review annual HRSA national/state UDS comparison data
5. Ensure written quality of care audit procedures are in place and audit is shared with the Governing Council annually.
 - Review annual quality of care audit for the FQHC clinics
6. Submit timely, accurate, and complete UDS reports.
 - Review and make recommendations to the Governing Council to accept annual UDS report submitted to HRSA
7. Annually review data-based reports on: patient service utilization; trends and patterns in the patient population; and overall health center performance including achievement of FQHC clinics objectives; and efficiency and effectiveness of the FQHC clinics, for oversight by the Governing Council.
 - Community needs assessment
 - Annual UDS report

8. Annually evaluate the operations of the FQHC clinics including compliance with applicable federal requirements, performance expectations such as financial and patient volumes, patterns of health service utilization.
 - Review and make recommendations to the Governing Council to approve an annual compliance work plan for the FQHC clinics
 - Review and make recommendations to the Governing Council to approve an annual internal audit work plan for the FQHC clinics
 - Review quarterly compliance work plan updates
 - Review quarterly internal audit work plan updates
 - Review FQHC clinics staff annual compliance education training results
 - Review monthly quality metrics
 - Review quarterly patient satisfaction report
9. At least every three (3) years review the Committee Charter and make recommendations for suggested revisions to the Governing Council.

Meetings

Meetings will be held quarterly. Additional meetings can be scheduled at the discretion of the Committee Chair.

Meeting Procedures

1. The Committee Chair will facilitate all meetings. The Committee Vice Chair will facilitate meetings in the Chair's absence.
2. Committee members must attend in person or remotely. A quorum shall consist of a majority of the voting Committee members, which is necessary for the Committee to meet and to take action.
3. Minutes shall be recorded and maintained for each Committee meeting in compliance with Arizona Open Meeting Law and shall contain all actions taken by the Committee. Minutes recorded or maintained for Executive Session discussions, however, will be kept confidential pursuant to A.R.S. § 38-431.03.
4. The Committee will report its actions to the Governing Council at the next regularly scheduled Governing Council meeting.